

carried out for religious reasons or to incorporate a child into a community or simply because some fathers express a preference for their sons to be like them.

The guidelines state that it is the responsibility of the parents to demonstrate that a non-therapeutic circumcision is in the child's best interest. To achieve this, the BMA now advises that both parents must give consent before a "non-therapeutic" circumcision can be performed. If the parents disagree about whether a child should be circumcised, doctors should not proceed without the go ahead of a court.

Dr M Shuja Shafi, chairman of the health and medical committee of the Muslim Council of Britain, gave a critical response to the publication: "The guidelines express a one sided view without due regard or consideration to the code of conduct of faith communities—namely, Muslims and Jews. No other surgical procedure imposes written consent from both parents."

The British Jewish Board of Deputies declined to comment on the guidelines until its working group had met to discuss them.

The guidelines can be accessed at the BMA's website at www.bma.org.uk

Debashis Singh *London*

Heavy drinking among US students correlates with density of alcohol outlets

Researchers have found a strong link between drinking problems in students and the number of outlets selling alcohol within two miles (3.2 km) of campus centres.

The more outlets there are—and one unnamed US university has 185 of them—the greater the drinking problems.

One of the main aims of the study, carried out at the department of health and social behaviour at Harvard School of Public Health, was to determine whether levels of heavy and frequent drinking and drinking

related problems varied systematically with the density of alcohol outlets.

The researchers, who report their findings in the journal *Health and Place* (2003;9;1-6), looked at eight large public universities across the United States that are taking part in the matter of degree (AMOD) programme designed to reduce binge drinking and related problems.

The researchers identified 966 outlets within the eight, two mile study areas. The number of outlets in each study area ranged from 32 to 185 outlets. The researchers found that density of alcohol outlets was strongly correlated with drinking rates.

Roger Dobson *Abergavenny*

CDC reports first case of vancomycin resistant *Staphylococcus aureus*

The Centers for Disease Control and Prevention (CDC) has reported that in summer 2002, a 40 year old Michigan woman became the first person worldwide known to have been infected with a strain of *Staphylococcus aureus* that was resistant to the antibacterial vancomycin.

The Michigan woman developed foot ulcers and other skin infections after becoming infected with the bacterium following an amputation. She recovered after doctors prescribed a different course of antibiotics. The CDC said the case highlighted the growing problem of antibiotic resistance (*New England Journal of Medicine* 2003;348:1342-7).

Until recently, vancomycin was the only uniformly effective treatment for staphylococcal infections. In 1997, the first clinical isolate of *S aureus* with reduced susceptibility to vancomycin was reported, and since June 2002, eight confirmed infections with such strains have been reported in patients in the United States.

The CDC also confirmed that a second, unrelated vancomycin resistant staphylococcal infection had been confirmed in Pennsylvania several months after the Michigan case.

Scott Gottlieb *New York*

Privy Council says GMC procedure on restoration to register is flawed

Clare Dyer *legal correspondent, BMJ*

The judicial committee of the Privy Council has quashed a General Medical Council decision banning a former GP from making further applications for his name to be restored to the medical register.

Lord Steyn, Lord Rodger, and Andrew Leggatt ruled that the procedure used by the GMC's professional conduct committee was flawed because it did not first decide on Dr Adil Mahmud Raji's application for restoration before considering whether to ban him from making further applications.

rejected his application and banned him from applying again.

Dr Raji, who was not represented at the hearing but had brought a friend for moral support, had to make his arguments against the ban without first learning the result of his application for reinstatement and the reasons.

His counsel argued before the Privy Council that this was a breach of his right to fairness under English public law and of his right to a fair hearing under article 6 of the European convention on human rights.

The judges said the public law



Lord Steyn (left) and Lord Rodger (right) said the new procedure would promote "better decision making"

Under GMC rules, if a doctor who has been struck off the medical register makes a second or subsequent application for restoration, the professional conduct committee may also consider whether to bar further attempts at reinstatement to the register. The current rules do not specify that the decision on restoration must be announced first but leaves it to the committee's discretion.

Dr Raji, aged 60, qualified in Iraq and had a private practice in central London and an NHS practice in north London. He was struck off in 1999 for prescribing morphine sulphate for a drug addict undergoing total abstinence treatment, despite undertakings to the man's solicitors, the psychiatrist treating him, and the GMC not to give the patient any prescriptions.

The GP's first application for restoration to the register was refused in August 2000. In 2002 when he applied again, the professional conduct committee

principle of fairness required that the doctor should know the decision on restoration first. Dr Raji might have addressed the committee differently if the correct procedure had been adopted.

Adopting the two stage procedure, said the judges, "will assist the members of the PCC [professional conduct committee] in the sense that it will enable them to focus squarely on the separate issue of the need for a direction to suspend the right to reapply for restoration."

"It will reduce the risk of members conflating the two enquiries. It will promote better decision making. And it will avoid any appearance of inadequate consideration of the suspension issue."

Dr Raji's case will now go back to the GMC, which has now drafted new guidance providing for decisions on restoration to be announced before bans on further applications are considered. □